



CITY DEVELOPMENT DEPARTMENT
HOME OCCUPATION LICENSE APPLICATION

Zoning Verification

PLEASE PRINT

Applicant's Name

Phone Number

Applicant's Address and Zip Code

Lot_____ Blk_____ Subd_____

Legal Description of Property

Business Name (Assume Name or DBA): _____

QUESTIONNAIRE

I General for all applicants. Please answer "Yes" or "No" to all questions. Use the space provided on the back of the form to fully explain the home occupation.

1. Do you own the above listed property? If the answer is "No", please provide a homeowner's affidavit.

2. Do you live at the above listed property?

3. Will the business require regular use of commercial vehicles for delivery?

4. Will the home occupation generate pedestrian or vehicular traffic of clients, associates, or goods?

5. Will more than one person, not a member of the resident household, be employed in connection with the Home Occupation?

6. Will the residence be used exclusively for the operation of a home occupation?

7. Will the home occupation cause a nuisance, create excessive noise, dust, vibration, smell, smoke, glare, electrical interference detectable at the lot line, or create a fire hazard?

8. Will any advertising, other than a one square foot nameplate, attached to the face of the building be used?

8. Since the construction of your home have any structural changes been made? If yes, submit certificate of Occupancy or buildings permit numbers.

10. Are items, made on a custom basis on the premise, being sold at retail on the premises?

11. Will the home occupation comply with all provisions of the law (local, state, and federal)?

STATE OF TEXAS §

COUNTY OF EL PASO §

Applicant's Signature

Acknowledged before me this _____ day of _____, 20_____

By _____

Print Name of Applicant

STATE OF TEXAS NOTARY PUBLIC, Signature

Received copy of ordinance: _____ (Please initial)

Notary Stamp

II HOME CHILD CARE FACILITY

1. Number of children to be cared for. _____.
2. Other children living in residence under 14. _____.
(Maximum number of children allowed is 12; including applicant's own children under the age of 14)
3. Size of indoor activity area. _____ sq ft (room sizes requires 30 sq ft per child).
4. Size of outdoor activity area: _____ (80 sq ft per child required).
5. Number of off street paved parking area spaces _____ (2 spaces required for up to 6 children and 3 spaces required for 7 to 12 children)
6. Type and height of wall in rear yard _____ (masonry wall of at least 4 ft in height is required)

III ADULT FOSTER CARE

1. Number of persons to be cared for: _____ (If more than four a special permit is required to proceed).
2. Room sizes _____ (80 sq ft for one person, or 60 sq ft if multiple occupancy)
3. Number of off street paved parking spaces: _____ (minimum of 2 spaces required)

IV STATEMENT

Use the following space to fully explain your proposed home occupation type and any of your answers on this or the preceding page.

(FOR OFFICE USE ONLY)

V APPROVAL / DISAPPROVAL

The Home Occupation, as proposed on this application, complies with all requirements of the El Paso City Code, Sections 5.06, 20.10.270, and Title21. Once the field inspection is approved, a City License will be issued for the Home Occupation.

APPROVED

Administrator: _____ Date: _____

The Home Occupation on this application does not comply with the requirements of the El Paso City Code Sections 5.06, 20.10.270, and Title21 because of the following reasons:

DISAPPROVED

Administrator: _____ Date: _____

Planning & Inspections Department – One Stop Shop
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